



Department Use Only:

QUEUE #:

DATE RECEIVED:

California Film & Television Tax Credit Program

APPLICATION FORM

Please carefully read the guidelines before filling out this application. Please consult your tax advisor to determine the tax implications for the applicant and any partners, members or shareholders prior to filling out this form.

SECTION ONE: COMPANY INFORMATION

Date:

Title of Production:

Production Company:

Date of Formation:

The Applicant is any corporation, partnership, limited partnership, limited liability corporation (LLC) or other entity or individual that is principally engaged in the production of the "qualified motion picture" and that controls the film or television program during pre-production, production and post-production. **The applicant is the qualified taxpayer that upon final approval will receive the tax credit certificate.**

Applicant Information

Applicant Entity or Individual:

Title (if individual):

Company name(if different from Applicant) :

Company address:

City:

State:

ZIP / postal code:

Country:

Phone:

Cell phone:

Fax:

Email:

Taxpayer ID # :

Seller's Permit # (if applicable):

Type of entity:

☐ Individual proprietorship

☐ Subchapter S Corporation

☐ Corporation

☐ Partnership

☐ Limited Liability Company

☐ Other _____

SECTION TWO: PRODUCTION INFORMATION**Primary Production Company Representative**

Name:		
Title:		
Address:		
City:	State:	ZIP code:
Phone:	Cell Phone:	
Fax:	Email:	

Production Contact: Producer

Name:		
Email:	Cell Phone:	Office Phone:

Production Contact: Line Producer

Name:		
Email:	Cell Phone:	Office Phone:

Production Contact: Production Manager

Name:		
Email:	Cell Phone:	Office Phone:

Production Contact: Production Accountant

Name:		
Email:	Cell Phone:	Office Phone:

Production Contact: Post Production Accountant (if known)

Name:		
Email:	Cell Phone:	Office Phone:

Other Key Production Personnel: Director

Name:

Other Key Production Personnel: Executive Producer

Name:

Other Key Production Personnel: Lead Actor/Actress

Name:
Name:

Payroll Service

Name of service:		
Paymaster:		
Address:		
City:	State:	ZIP code:
Phone:	Email:	

Distributor Information (if known):

Company Name:		
Address:		
City:	State:	ZIP code:
Phone:	Email:	

SECTION THREE: ELIGIBILITY DETERMINATION**A. TYPE OF PRODUCTION**

<input type="checkbox"/> Feature Film	<input type="checkbox"/> Relocating TV Series
<input type="checkbox"/> Feature Film-Direct to DVD	previous location _____
<input type="checkbox"/> Movie of the Week	___ # of episodes previously shot
<input type="checkbox"/> Mini-series	___ # of episodes included in this season
	<input type="checkbox"/> New TV series (Basic Cable)
<input type="checkbox"/> Check this box if your project qualifies as an Independent Film	___ # of episodes included in this season

B. PRODUCTION SCHEDULE

Start of principal photography:		End of principal photography:	
Estimated completion of post production:			
Shoot days:	A	Total in Los Angeles area	_____
	B	Total outside 30-mile studio zone:*	_____
	C	Total CA shoot days (A+B)	_____
	D	Total non-CA shoot days	_____
	E	Total shoot days (C+D)	_____
	F	% of CA shoot days w/ respect to total shoot days	
			$C \div E \times 100 =$ _____ %
* Please list the counties you anticipate filming will occur:			

If shooting outside the state, please indicate state or country:			

C. TOTAL PRODUCTION BUDGET

Estimated Total California Expenditures - qualified plus non-qualified:	
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SECTION FOUR: ESTIMATING TAX CREDIT ALLOCATION

A. Total Qualified wages:	
B. Total Qualified (non-wage) Expenditure:	
C. Addtl QE (bond,contingency)-if applicable:	
D. Total Qualified Expenditures:(A+B+C):	

Calculate tax credit allocation utilizing applicable qualified expenditure percentage for your production:	Independent Film/Relocating TV series: 25 % x $\frac{\text{total qualified expenditures (D.)}}{\text{total qualified expenditures (D.)}}$ = _____
	Other qualified motion pictures: 20 % x $\frac{\text{total qualified expenditures (D.)}}{\text{total qualified expenditures (D.)}}$ = _____

SECTION FIVE: REQUIRED MATERIALS

- ☐ A budget in an industry standard budgeting program indicating **ONLY QUALIFIED EXPENDITURES** - *hard copy and electronic*
- ☐ One-line Shooting Schedule (Production Board) - *hard copy and electronic* OR
 - ☐ Production Calendar (for TV series) - *hard copy and electronic*
- ☐ Synopsis of a screenplay, teleplay, or series - *hard copy*
- ☐ Screenplay - *PDF electronic copy preferred; if not, 2-sided paper copy*. If script is not available for confidentiality reasons, submit a one-line schedule in continuity order
- ☐ Financing Sources Report CFC Form B, (new 6/1/2009) - *hard copy*
- ☐ Documentation to verify at least 60% financed - *hard copy or electronic*
- ☐ Relocation Statement (if applicable) - *hard copy*
- ☐ Independent Film Declaration CFC Form C, (rev 9/01/2009) (if applicable)- *hard copy*

SECTION SIX: SIGNATURE

I certify under penalty of perjury under the laws of the State of California that I examined this application, including all attachments and that to the best of my knowledge its content is true and correct.

 Signature of Qualified Taxpayer/Representative of Qualified Taxpayer

 Date

 Printed Name and Title